AGORD. CERTIFICATE OF INSURANCE																
PRODUCER  Meeker Sharkey & MacBean  21 Commerce Orive				THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
Cranford, NJ 07016			COMPANIES AFFORDING COVERAGE													
908-272-8100  INSURED Soc. Hill & University Hts.III  c/o Eastern Community Mgmt 225 Highway 35 Red Bank			COMPANY A St. Paul Fire & Marine  COMPANY B  COMPANY C  LETTER C  COMPANY D													
									NJ 97701			COMPANY E				
								COVERAGES								
								THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
CO LTR	TYPE OF INSURANCE	POLICY NUMBER		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	s :									
A	GENERAL LIABILITY	29NE6543		1/01/93	1/01/94	GENERAL AGGREGATE	\$ 1000000									
	COMMERCIAL GENERAL LIABILITY  CLAIMS MADE X OCCUR.					PRODUCTS-COMP/OP AGG. PERSONAL & ADV. INJURY	s 1.000000									
	OWNER'S & CONTRACTOR'S PROT.					EACH OCCURRENCE	s 1000000									
						FIRE DAMAGE (Any one fire)	s 50000									
						MED. EXPENSE (Any one person)	s 5000									
	AUTOMOBILE LIABILITY					COMBINED SINGLE	\$									
	ALL OWNED AUTOS SCHEDULED AUTOS			, , , , , , , , , , , , , , , , , , ,		BODILY INJURY (Per person)	\$									
	HIRED AUTOS NON-OWNED AUTOS			-	***************************************	BODILY INJURY (Per accident)	\$									
	GARAGE LIABILITY		<b>á</b>	-	-	PROPERTY DAMAGE	\$									
	EXCESS LIABILITY					EACH OCCURRENCE	<b>S</b>									
	UMBRELLA FORM					AGGREGATE	\$									
	OTHER THAN UMBRELEA FORM															
	WORKER'S COMPENSATION					STATUTORY LIMITS										
	AND		. <			EACH ACCIDENT	\$									
	EMPLOYERS' LIABILITY					DISEASE—POLICY LIMIT DISEASE—EACH EMPLOYEE	\$									
	OTHER			1.75%		DISEASE—EACH EMPLOTEE	1 - 1 - 25									
Δ	Blanket Building 6	29ME 6543		1/01/93	1/01/94	\$11,034,430.										
	& Contents		. ANG S				• •									
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS																
DNNER: GEORGE W. REYNOLDS AND ELIZABETH T. PERRY, H/W fidelity fimit: \$100,000.																
CERTIFICATE: HOLDER																
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE																
K. HOVNANIAN MORTGAGE, INC., EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO THEIR SUCCESSORS AND/OR ASSIGNS  MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE																

AS THEIR INTEREST MAY APPEAR ONE INDUSTRIAL WAY WEST, BLDG. D EATONTOWN, NJ 07724

MAIL  $\frac{10}{200}$  DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

010036000

©ACORD CORPORATION 1990